

**MULTI-PURPOSE ROOM
Worksheet**

Date and Times of Use:

Date of Use

Set up Time in Facility

Event Time

Chairs: _____

Tables: _____

Other SBCC rental equipment needed: _____

What, if any equipment or supplies will you be bringing in?

Will there be Food or Drinks:

Yes: _____

No: _____

If so what type and who will be catering (NO ALCOHOLIC BEVERAGES ALLOWED)

Please provide a diagram of set up: